

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. 2953190 APPLICANT	FILING DATE		
CLAIMS									
AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1		1		61			
2			1		1	62			1
3			1		1	63			1
4		1		1		64		1	
5		1		1		65			1
6		1		1		66			1
7			1		1	67			1
8			4		4	68			1
9			4		4	69			1
10			3		3	70			1
11			4		4	71			1
12			4		4	72			1
13				1		73			1
14		1		1		74			1
15			1		1	75			1
16			1		1	76			1
17		1		1		77		1	
18		1		1		78			1
19		1		1		79			1
20			1		1	80			1
21			3		3	81			1
22			3		3	82			1
23			4		4	83			1
24			4		4	84			1
25			4		4	85			1
26			4		4	86			1
27			4		4	87		1	
28			1		1	88			1
29		1		1		89			1
30					1	90			1
31			1		1	91			1
32			1		1	92			1
33			1		1	93			1
34			1		1	94			1
35			1		1	95			1
36			1		1	96			1
37			1		1	97			1
38			1		1	98		1	
39			1		1	99			1
40			1		1	100			1
41			1		1				
42		1		1					
43			1		1				
44			1		1				
45			1		1				
46			1		1				
47			1		1				
48			1		1				
49			1		1				
50			1		1				
TOTAL			21		21	TOTAL			
TOTAL			184		184	TOTAL			
TOTAL						TOTAL			

APPLICANTS

FILED DATE

CLAIMS

	AS FILED		AFTER TRANSCRIPTION		AFTER REPRODUCTION	
	NO.	OCF.	NO.	OCF.	NO.	OCF.
1			1		1	
2				1		1
3				1		1
4			1		1	
5			1		1	
6				1		1
7				1		1
8				4		4
9				4		4
10				3		3
11				4		4
12				4		4
13				4		4
14			1		1	
15				1		1
16				1		1
17			1		1	
18			1		1	
19			1		1	
20				1		1
21				3		3
22				3		3
23				4		4
24				4		4
25				4		4
26				4		4
27				4		4
28				(1)		(1)
29			1		1	
30				1		1
31				1		1
32				1		1
33				1		1
34				1		1
35				1		1
36				1		1
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42			1		1	
43				1		1
44				1		1
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
51				1		1
52				1		1
53				1		1
54				1		1
55				1		1
56				1		1
57				1		1
58				1		1
59				1		1
60				1		1
61				1		1
62				1		1
63				1		1
64				1		1
65				1		1
66				1		1
67				1		1
68				1		1
69				1		1
70				1		1
71				1		1
72				1		1
73				1		1
74				1		1
75				1		1
76				1		1
77				1		1
78				1		1
79				1		1
80				1		1
81				1		1
82				1		1
83				1		1
84				1		1
85				1		1
86				1		1
87				1		1
88				1		1
89				1		1
90				1		1
91				1		1
92				1		1
93				1		1
94				1		1
95				1		1
96				1		1
97				1		1
98				1		1
99				1		1
100				1		1
TOTAL NO.			21		21	
TOTAL OCF.			1163		1163	
TOTAL			184		184	

	NO.	OCF.	NO.	OCF.	NO.	OCF.
61				1		1
62				1		1
63				1		1
64			1		1	
65				1		1
66				1		1
67				1		1
68				1		1
69				1		1
70				1		1
71				1		1
72				1		1
73				1		1
74				1		1
75				1		1
76				1		1
77			1		1	
78				1		1
79				1		1
80				1		1
81				1		1
82				1		1
83				1		1
84				1		1
85				1		1
86				1		1
87				1		1
88				1		1
89				1		1
90				1		1
91				1		1
92				1		1
93				1		1
94				1		1
95				1		1
96				1		1
97				1		1
98				1		1
99				1		1
100				1		1
TOTAL NO.						
TOTAL OCF.						
TOTAL						

COL 4

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11							71						
12							72						
13							73						
14							74						
15							75						
16							76						
17							77						
18							78						
19							79						
20							80						
21							81						
22							82						
23							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL						
42							TOTAL						
43							TOTAL						
44							TOTAL						
45							TOTAL						
46							TOTAL						
47							TOTAL						
48							TOTAL						
49							TOTAL						
50							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						

COLT

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)

SERIAL NO.
09/575192
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1	1	1	1
2				1		1
3				1		1
4			1		1	
5			1		1	
6				1		1
7				1		1
8				1		1
9				4		4
10				4		4
11				3		3
12				4		4
13				4		4
14			1		1	
15				1		1
16				1		1
17			1		1	
18			1		1	
19			1		1	
20				1		1
21				1		1
22				4		4
23				3		3
24				4		4
25				4		4
26				4		4
27				4		4
28				1		1
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.			8		8	
TOTAL OFF.			57		57	
TOTAL			65		65	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
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96						
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98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

COL 4

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER EX AMENDMENT		AFTER EX AMENDMENT							
	NO.	OFF.	NO.	OFF.	NO.	OFF.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.							TOTAL NO.					
TOTAL OFF.							TOTAL OFF.					
TOTAL							TOTAL					

CDN-4

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO. **252592**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
3				1		
4						
5			1			
6			1			
7				1		
8				4		
9				4		
10				3		
11				4		
12				4		
13						
14			1			
15				1		
16						
17			1			
18			1			
19			1			
20				1		
21				4		
22				3		
23				4		
24				4		
25				4		
26				4		
27				4		
28				4		
29						
30						
31						
32						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.			8			
TOTAL OFF.			25			
TOTAL			102			

	NO.		OFF.		NO.		OFF.	
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
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87								
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89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL NO.								
TOTAL OFF.								
TOTAL								

[illegible]